

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF LABORATORIES

Use ballpoint pen only
Press firmly so all copies
are legible

REQUEST FOR ENTERIC DISEASE TESTING

Patient Name or Number	Onset Date	Date Collected	Date Received
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SEX: ☐ M ☐ F AGE: _____ RACE: ☐ White ☐ American Indian ☐ Hispanic
☐ Asian ☐ Black

COUNTY OF RESIDENCE: _____ OUTBREAK NO. _____

ONSET: ☐ <6hrs. ☐ 6-18 hrs. ☐ 18-72 hrs. ☐ >3 days
SYMPTOMS: ☐ Watery diarrhea ☐ Bloody diarrhea ☐ Fever ☐ Vomiting

Has patient received antibiotic therapy? ☐ Yes – Antibiotic _____
☐ No

In addition to filling out the section above, **YOU MUST** be sure to fill out the section below with your return address. **YOU MUST** also be sure to mark the sample containers clearly with the patient identification and date.

BACTERIAL ENTERITIS:

Please submit stool sample in "PARA-PAK" or Cary-Blair Medium.

- ☐ Routine culture for *Salmonella* and *Shigella*.
- ☐ Culture for *Yersinia enterocolitica*.
- ☐ Culture for *Campylobacter jejuni, coli, or lari*.
- ☐ Culture for *Aeromonas* or *Plesiomonas* sp.
- ☐ Culture for *Vibrios*.
- ☐ Culture for *Escherichia coli* serotype 0157:H7.

VIRAL ENTERITIS:

Submit stool sample without preservative or in "PARA-PAK."

- ☐ Norwalk - Like virus
- ☐ Adenovirus
- ☐ Rotavirus

SPECIAL BACTERIAL PATHOGENS:

Please submit a fresh stool, kept cold (1-4°C.)

- ☐ Culture and Mouse assay for *Clostridium botulinum*. (Samples must be cleared with Bureau of Preventive Medicine, Days 334-5939, Nights 846-7610/1-800-632-8000 ask for public health to be paged). Collect 25-50 gm. of fresh stool, kept cold but not frozen. Also submit 10-20 ml. of serum (20-40 ml. of whole blood). DO NOT submit serum in Infant Botulism cases.

Send report to:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____

Send copy to:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____